

Name  
in  
Full

John A Benson

CERTIFICATE OF DEATH

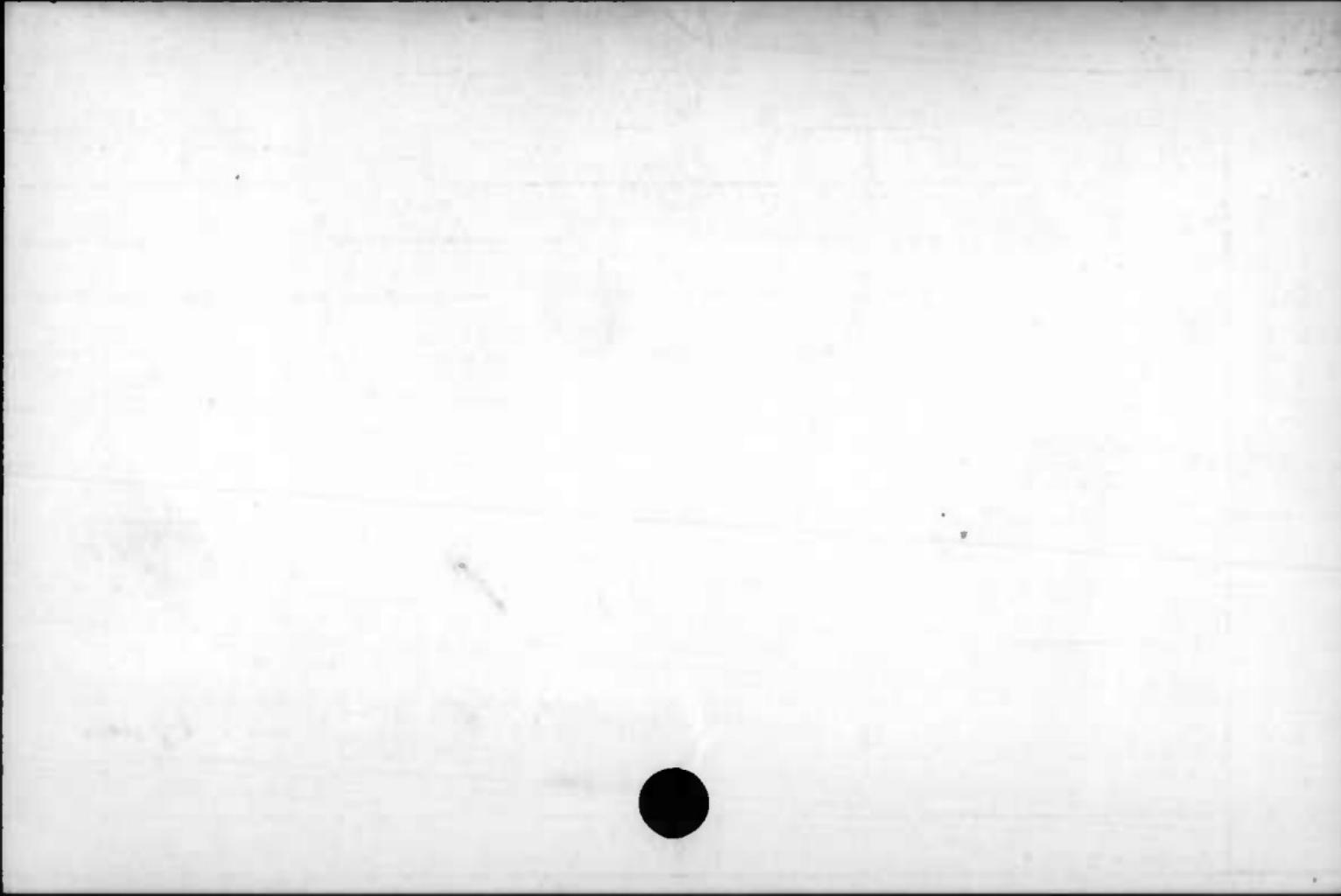
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Oct	Day 21	Years 61	Months 1	Days 28
Sex Male	Color or Race White	Birth-place Cecil Co. Md.			
Married, Single or Widowed Married	Occupation Farmer				
Name of Wife or Husband Julia K. Pryor.					
Father's Name John Benson	Father's Birthplace Maryland				
Mother's Maiden Name Temperance Q. Mawley.	Mother's Birthplace Maryland				
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cancer		How long 3 years
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician N. W. Jeter,	Address Millington Md.
Accident or Suicide?		



Name  
in  
Full

Grace Blackburn

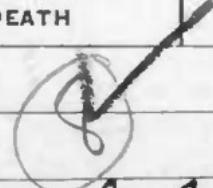
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

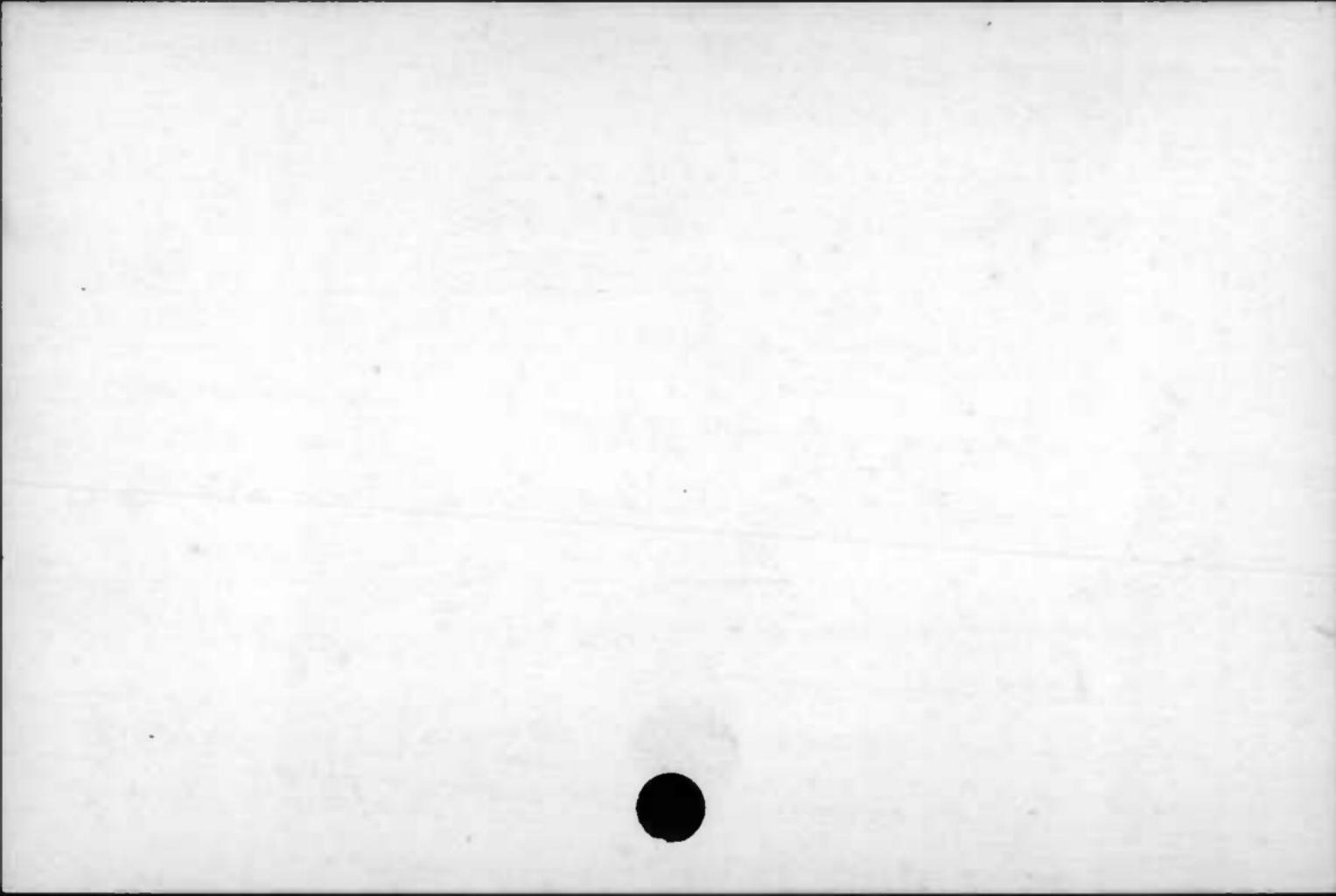
Died at <u>Penney Neck</u>		Town <u>Kent</u> County		MARYLAND				
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>17</u>	Years <u>2</u>	Age <u>2</u>	Months <u>6</u>	Days <u>14</u>		
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Race Neck</u>				
Occupation	Where Residing if not place of death							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name <u>Verlander Blackburn</u>			Father's Birthplace <u>Neck</u>					
Mother's Maiden Name <u>Mary E Webb</u>			Mother's Birthplace <u>Neck</u>					
Name of person giving information <u>Verlander Blackburn</u>	How related to deceased <u>Father</u>							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping cough</u>		How long <u>3 week</u>
Immediate <u>Pneumonia</u>		How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. C. Oglesby M.D.</u> Addressee <u>Rock Hall Md</u>	

Accident or Suicide?



Name  
in  
Full

William Henry Blackiston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Near Rock Hall	Kent			
Date of death	Month	Day	Years	Months	Days
1905	Oct	23	15	10	9
Sex	Color or Race	White	Birth-place	Md.	
Male			Md.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Singel					
Father's Name	James E Blackiston				
Mother's Maiden Name	Mary H Hudson				
Name of person giving information	Edith Blackiston				
	Sister				
How related to deceased					

## CAUSES OF DEATH



How long

Primary *Tuberculosis Pulmonalis* 6 months

How long

Immediate *Exhaustion*PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*Dr. G. Hall M.D.*  
Address  
*Rock Hall Md*

Accident or Suicide?

8.



Name  
in  
Full

Ronnie Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Still Pond</u> Town	County <u>Hent</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>21</u>	Years <u>13</u>	Months <u>4</u>	Days <u>~</u>
Sex <u>male</u>	Color or Race <u>Bk</u>	Birth-place <u>md</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Geo Brown</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Caroline Storling</u>	Mother's Birthplace <u>md.</u>				
Name of person giving information <u>Henry Brown</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Auto-intoxication</u>	How long <u>5 hr</u>
Immediate	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	Lewis P. Atwell M.D. Still Pond md
Address <u>—</u>	
Accident or Suicide?	

Still Pond

Name  
in  
Full

Still Born.

Chambers (M.M.)

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Age	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Lacy er Heyson Chambers.		
Mother's Maiden Name	Mary C. Dudley		
Name of person giving information	Fannie Newby		

CAUSES OF DEATH

Primary S. How long /

Immediate S. How long /

Are the name, age, sex, color, date and place correctly given above?

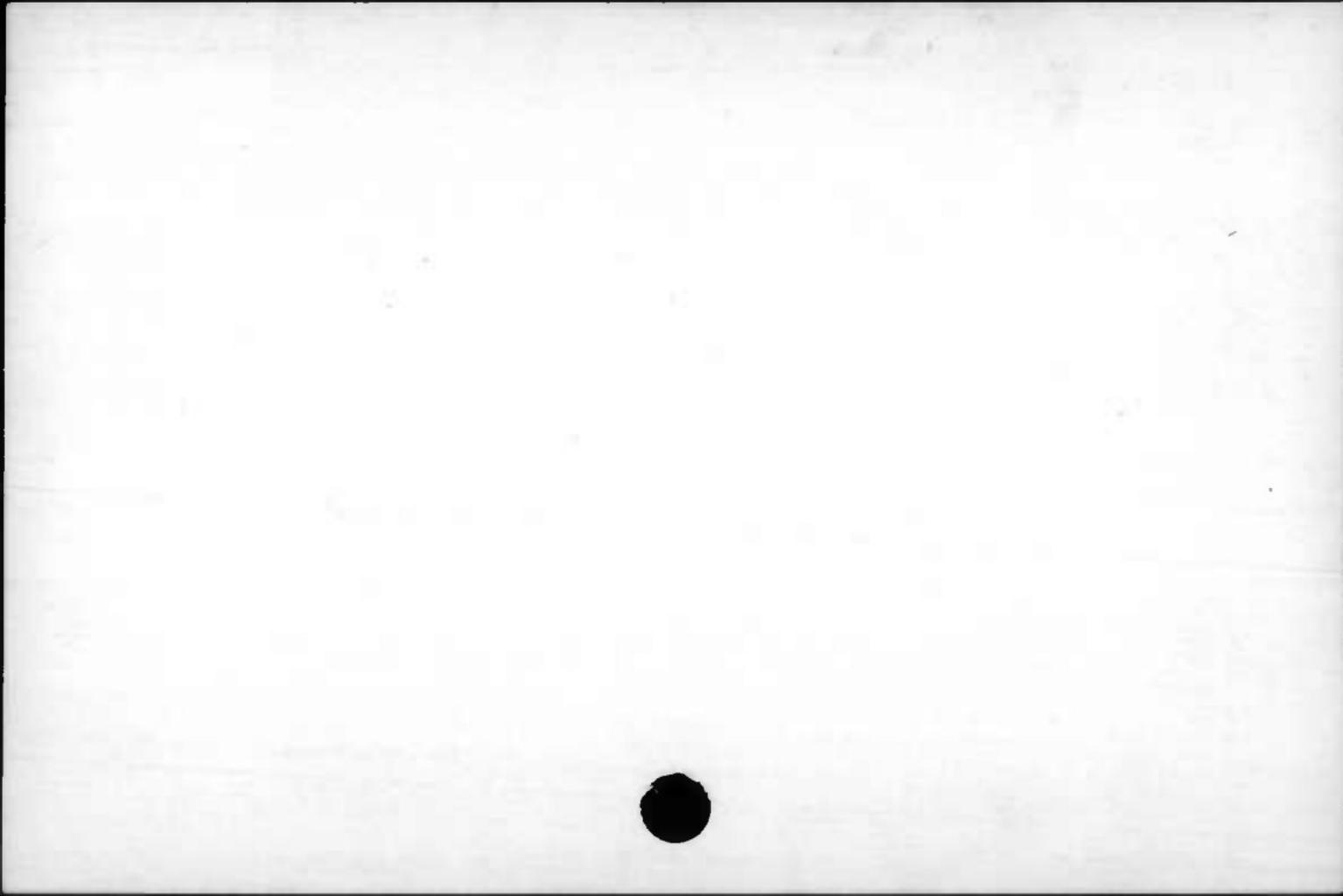
Signature of Physician

B. J. Newby M.D.

Address

Chesapeake Md.

Accident or Suicide?



Name  
in  
Full

Martha B. Duckery

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town <i>near Millington</i>	County <i>Orient</i>	MARYLAND		
Date of death	Month <i>1905</i>	Day <i>16</i>	Age	Years <i>21</i>	Months <i>1</i>
Sex	Female	Color or Race	<i>Black</i>	Birth-place	<i>Ind.</i>
Occupation	<i>m</i>				
Where Residing if not at place of death	<i>m</i>				
Married, Single or Widowed	Name of Wife or Husband	<i>m</i>			
Father's Name	<i>Clarence Hall</i>	Father's Birthplace	<i>Ind</i>		
Mother's Maiden Name	<i>Mary Emily Duckery</i>	Mother's Birthplace	<i>Ind</i>		
Name of person giving Information	<i>Mary Emily Duckery</i>	How related & deceased	<i>Mother</i>		

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. W. F. Jacobs

Millington

Accident or Suicide?

Gov. L. Townsend acting as coroner Ind



Name  
in  
Full

Ellen Granger

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Thomas Granger		
Father's Name	W.A.			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Mitral regurgitation		How long
	Immediate	Dropsy		Several years
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	How long
		No	Address	Several months
Accident or Suicide?		119 Simper Chestertown		

Colored cemetery  
Chester town  
John N. Dodd  
undertaker.

Name  
in  
Full

Elbert Matthew Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Near Lynch		Town	Kent		County	MARYLAND
Date of death	1905	Month Oct.	Day 24	Years 1	Age	Months 4	Days 1
Sex	Male	Color or Race	Colored	Birth-place	Near Lynch		
Occupation	Infant	Where Residing if not at place of death			near Lynch		
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Sam'l Willis Hackett			Father's Birthplace	Kent Co		
Mother's Maiden Name	Irene Ringoed			Mother's Birthplace	"		
Name of person giving information	Jane Hackett			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis	✓	How long	week	
Immediate	Meningitis		How long	1 "	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr Bang Simons	
			Address	Chestertown Md	
Accident or Suicide?		No			

Fountain Church.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Georgiana Henry

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	George Thomas Henry		
Father's Name	Colongan Apida			
Mother's Maiden Name	Elizabeth Doris			
Name of person giving information	Aldie Henry			

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank W. Smith
		Address	311 E. Baltimore St.
Accident or Suicide?			

<sup>St.</sup>  
Aebury Cemetery  
Near Folkestone  
John N. Dodd  
Undertaker

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Harry Henry vs Mary				CERTIFICATE OF DEATH		
Died at	Town	County				MARYLAND
Date of death 190	Month Oct	Day 15	Years	Months	Days	
Sex Male	Color or Race White				Birth-place Kent Co	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Henry Hay		Father's Birthplace			England
Mother's Maiden Name	Lottie Weber		Mother's Birthplace			Kent co
Name of person giving information	Father		How related to deceased			24 hours.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough		How long	2 weeks
Immediate	Unconscious		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	William W. Ball
			Address	Rock Hall Md
Accident or Suicide?				



Name  
in  
Full

Naelin Lee

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Maryland	Rand Co	Months	Days
Date of death	Month	Day	Years	
1905	10.	28	Age	21
Sex	Male	Color or Race	Birth-place	
Occupation	School Boy	Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband		
Father's Name	J. J. Lee		Father's Birthplace	Md
Mother's Maiden Name	Elizabeth Lee		Mother's Birthplace	Md
Name of person giving information		(2)	How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption

How long

2 years

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

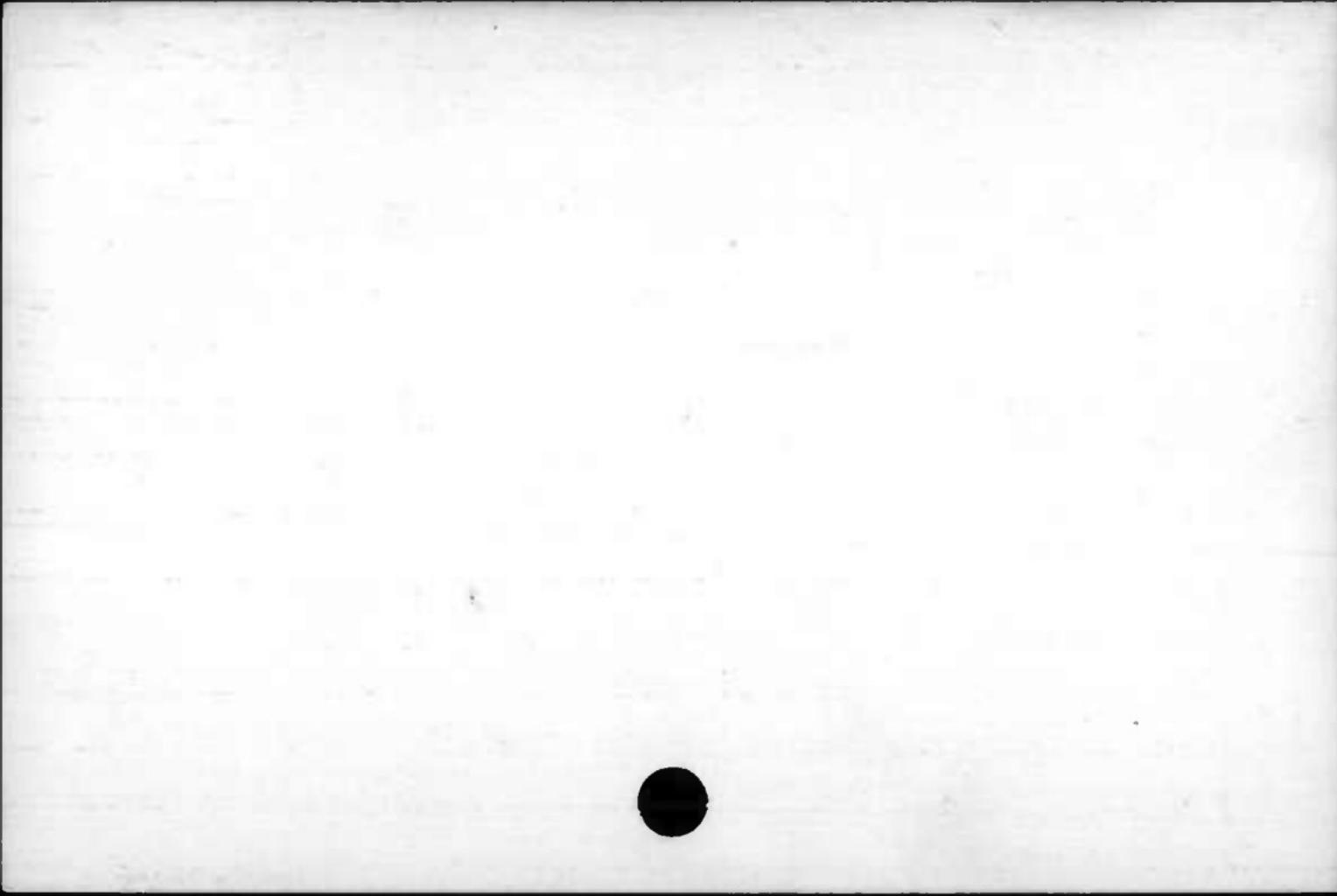
yes

Signature of Physician

Address

In Camby 96  
Maryland

Accident or Suicide



Name  
in  
Full

Helen Amelia Mehl

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
. NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frederick Mehl			Father's Birthplace	Germany
Mother's Maiden Name	Amelia Hammer			Mother's Birthplace	Germany
Name of person giving Information	Fred. Mehl			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malaria		15	How long	Since birth
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Dumper		
		Address	Chestertown		
Accident or Suicide?	No				

Chester - Ferguson

Name  
in  
Full

James Edward Neeom

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Rock Hall		County	Kent	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Male		White		
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Married		Joanna Seith		
Father's Name	Thomas Neeom		Father's Birthplace	Md		
Mother's Maiden Name	Elizabeth Willmer		Mother's Birthplace	Md		
Name of person giving information	Joanna Seith		How Related to deceased	Wife		

## CAUSES OF DEATH

Primary Gastro-Intestinal Catarrh How long Five years  
 Immediate Exhaustion. How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

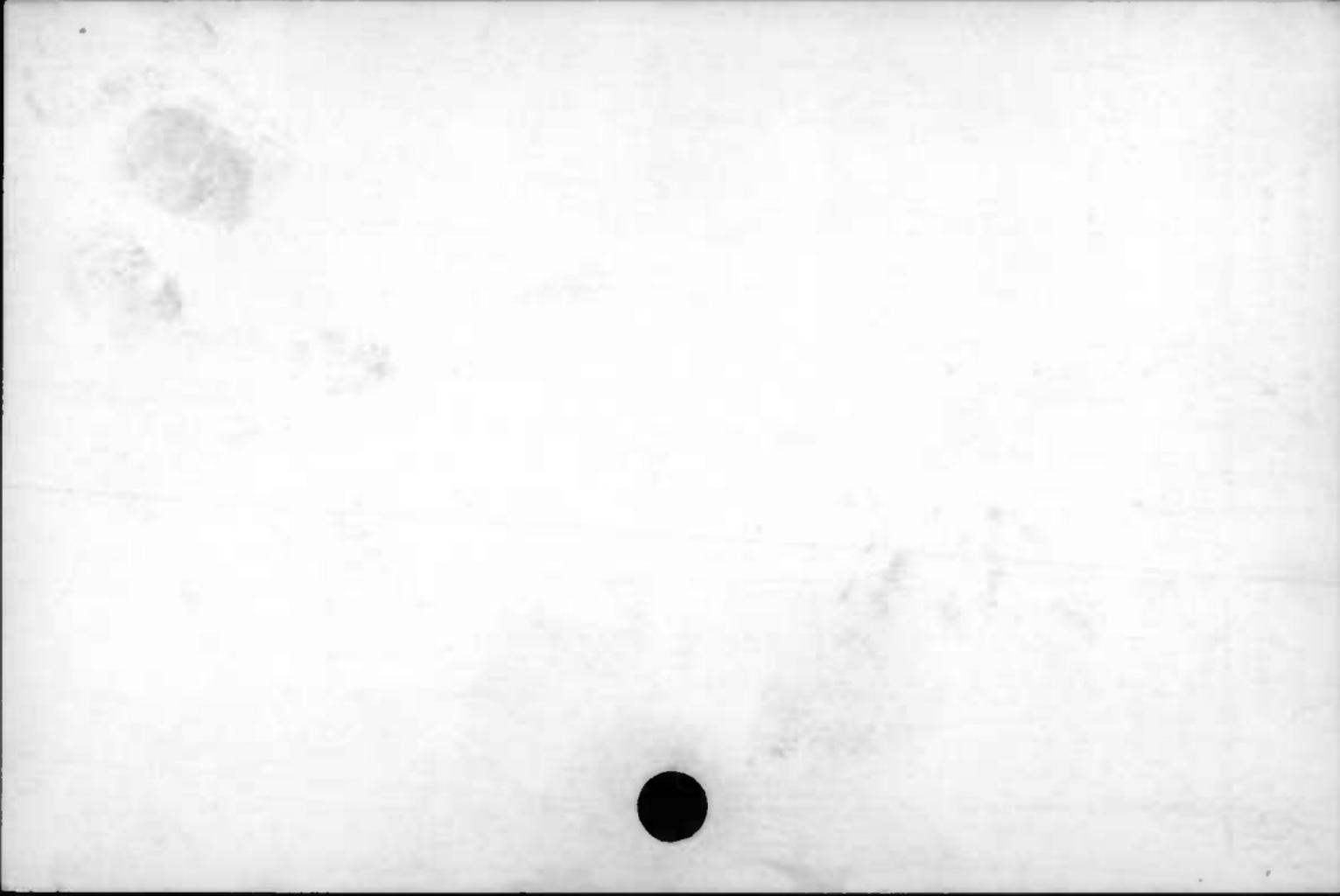
Signature of Physician

J. M. B. Peall M.D.

Address

Rock Hall Md

Accident or Suicide?



Name  
in  
Full

Thomas B. Ringgold

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Melitota	Kent				
Date of death	Month	Day	Years	Months	Days
1905	Oct	19	Age 74	2	
Sex	Male	Color or Race	col.	Birth-place	Kent Co Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Georganna Ringgold		
Father's Name	Beny Ringgold		Father's Birthplace	Kent Co Md	
Mother's Maiden Name	Dont know		Mother's Birthplace	Dont know	
Name of person giving information	John Nichols		How related to deceased	Son in Law	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

20

How long

Immediate Bright disease

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John H. Henney

Address

Worton Md RFD #3

Accident or Suicide?

J. C. Ferguson

Name  
in  
Full

Adel Satchel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Oct	27	Age	1	21
Sex	Color or Race	Occupation	Where Residing if not at place of death	Birth-place	Death-place
Female	Col			Md	Md
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Sasah Satchel		Father's Birthplace		
Mother's Maiden Name	Emma Waller		Mother's Birthplace	Md	Kone
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Natural Causes

Immediate No Dr. attending

Are the name, age, sex, color, date and place correctly given above?

Yc

Signature of Physician

H Gumpen D.C.  
Local Board of Health

Address

Accident or Suicide?

No

Lancaster  
Pennsylvania

Name  
in  
Full

Meredith Sheets

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Oct	8	Age	One	9
Sex	Female	Color or Race	white	Birth-place	Kent Co Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	George E. Sheets				
Mother's Maiden Name	Anna Jones				
Name of person giving information	George E. Sheets				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

(63)

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

one month -  
nine days

Accident or Suicide?

Address  
John H. Hessey  
Worton Md

Union Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

James Clancy				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1905	Month Oct.	Day 38.	Years 1st	Months	Days
Sex	Male	Color or Race	White	Birth-place	md	
Occupation	Class.	Where Residing if not at place of death				
Married, Single or Widowed	Sing	Name of Wife or Husband	Henry Clancy 31			
Father's Name	Henry Clancy				Father's Birthplace	md
Mother's Maiden Name	Florence Bowers				Mother's Birthplace	md
Name of person giving information	Edw Gieberson				How related to deceased	friend
CAUSES OF DEATH						
Primary	General Tuberculosis Spleen Enlarged				How long 1 month	
Immediate	Enteritis				How long 3 months	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
JES				Address		
Accident or Suicide?						

PHYSICIAN  
OR CORONER

g H. church

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Francis Thomas

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month Oct	Day 3	Years 8	Months 0	Days 0
Sex	female	Color or Race	Colored		Birth-place	Kent Co
Occupation	Housework		Where Residing if not at place of death		Chesterstown Md	
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Kent Co
Father's Name	Frederick Thomas				Mother's Birthplace	Kent Co
Mother's Maiden Name	Alice Bowser				How related to deceased	Brother
Name of person giving information	Snowden Thomas					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis



How long

they say 8 month

How long

" " "

Immediate

Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. Bringe Simons

Address

Chesterstown Md

I only saw the patient once but was at age - nearly dead then,

Accident or Suicide? No

K E Ferguson

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Oliver E. Thomas.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Clemson	Hent			
Date of death	Month	Day	Years	Months	Days
1905	Okt	24	2	2	5
Sex	Male	Color or Race	Black	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed					
Father's Name	Name of Wife or Husband				
Mother's Maiden Name	Oliver Thomas			Father's Birthplace	Md
Name of person giving information	Carrie Brown			Mother's Birthplace	Md
	Caroline Brown			How related to deceased	Grandmother

CAUSES OF DEATH

Primary	Diabetes	50	How long
Immediate	Bronchitis		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Lewis P. Atwell
		Address	Still Pond
Accident or Suicide?			md

Union Church

Name  
in  
Full

Wheat.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1905 Oct 8 8 Kent Co Md

Male White

Wm H. Wheat -

Mollie Wheat -

W. H. Wheat -

W. H. Wheat -

CAUSES OF DEATH

Primary

Immediate

In digestio

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John H. Hessey  
Worton Md

Accident or Suicide?

St. Paul's cemetery  
John N. Dodd  
Undertaker

Name  
in  
Full

Jane Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Age 23
Occupation	Hauswife	Where Residing if not at place of death	Birth-place Md
Married, Single or Widowed	Married	Name of Wife or Husband	Chas Wright
Father's Name	Chas Mason	Father's Birthplace	
Mother's Maiden Name	Mary Comeygo	Mother's Birthplace	
Name of person giving information	Chas Wright	How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	6 mo.
Immediate	Exhaustion		How long	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Simpson	
		Address	Chester town	
Accident or Suicide?	No			

Nilitota

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Joseph Wright  
Died at Sandy Bottoms

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	Black		
Occupation	Brick worker		Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	Marie.		
Father's Name	Joseph Wright		Father's Birthplace	Md	
Mother's Maiden Name	Calolina		Mother's Birthplace	Md	
Name of person giving information	Robert Wright		How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis left side  
Edema

How long

2 weeks

Immediate

Yel

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Franklin Smith  
Fairlee Md

Accident or Suicide?

